

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027313

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3947

3947

VS 300
Rev. 4/591
3x482

3

4 0

5 1

6

7 0

8 2

9491X4

10

11

1250-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Jack M. Davis

1. PLACE OF DEATH COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 2 WEEKS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BAPTIST MEMORIAL HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last STANLEY RICE		4. DATE OF DEATH Month Day Year JULY 29, 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 1, 1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HEAVY EQUIPMENT OPERATOR?		10b. KIND OF BUSINESS OR INDUSTRY RAYTOWN STREET DEPT.	
11. BIRTHPLACE (City and state or country) JACKSON CO. MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME NATHANIEL RICE		13b. MOTHER'S MAIDEN NAME LILLIE PENDLETON	
14. NAME OF HUSBAND OR WIFE AMELIA JANE RICE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO XXXXXXXXXXXXX	
16. SOCIAL SECURITY NO. 9515 E.47 ST. K.C. Mo.		17. INFORMANT Mrs. AMELIA J. RICE	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congestive heart failure DUE TO (c) Caseumoma & sarphagias Recented 10 days earlier PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 3 days	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2 July 62 to 29 July 62 and last saw him alive on 28 July 62		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION RAYTOWN MO		COUNTY STATE	
21. I attended the deceased from Death occurred at 1100 A m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Jack M. Davis M.D.	
22b. ADDRESS RAYTOWN MO		22c. DATE SIGNED 30 July 62	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JULY 31 1962	
23c. NAME OF CEMETERY OR CREMATORY BROOKING CEMETERY		23d. LOCATION (City, town, or county) RAYTOWN MISSOURI	
24. FUNERAL DIRECTOR E. CLARK FEGERT?, RAYTOWN, MO.		25. DATE RECD. BY LOCAL REG. 7-31-62	
26. REGISTRAR'S SIGNATURE Ruth Long			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

E. CLARK FEGERT

Licensed Embalmer No. 3983

P. O. Address RAYTOWN, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.